

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street) ▼

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Robin Hillier

Signature of Treasurer

Ms. Robin Hillier

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
02		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
02		29		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																												
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5"></td><td colspan="5">170806.91</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						170806.91																												
Y	Y	Y	Y	Y																																										
2016																																														
					170806.91																																									
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5"></td><td colspan="5">173953.68</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						173953.68																																							
					173953.68																																									
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5"></td><td colspan="5">125883.58</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						125883.58																	<table><tr><td colspan="5"></td><td colspan="5">173034.08</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						173034.08																
					125883.58																																									
					173034.08																																									
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5"></td><td colspan="5">299837.26</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						299837.26																	<table><tr><td colspan="5"></td><td colspan="5">343840.99</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						343840.99																
					299837.26																																									
					343840.99																																									
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5"></td><td colspan="5">104798.31</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						104798.31																	<table><tr><td colspan="5"></td><td colspan="5">148802.04</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						148802.04																
					104798.31																																									
					148802.04																																									
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5"></td><td colspan="5">195038.95</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						195038.95																	<table><tr><td colspan="5"></td><td colspan="5">195038.95</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						195038.95																
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9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5"></td><td colspan="5">0.00</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						0.00																																							
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10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5"></td><td colspan="5">0.00</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						0.00																																							
					0.00																																									



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 02 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 02 / 29 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

116620.83

162258.33

(ii) Unitemized

3262.75

4775.75

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

119883.58

167034.08

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

124883.58

172034.08

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

1000.00

1000.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

125883.58

173034.08

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

125883.58

173034.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	798.31	1609.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	798.31	1609.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	104000.00	147000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	192.37
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	192.37
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	104798.31	148802.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	104798.31	148802.04

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	124883.58	172034.08
34. Total Contribution Refunds (from Line 28(d))	0.00	192.37
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	124883.58	171841.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	798.31	1609.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	798.31	1609.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 50

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary Anderson

Mailing Address 6618 McMakin Court

City	State	Zip Code
Colleyville	TX	76034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Preferred Care Partners Mgmt Group

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2016

Transaction ID : C3253405

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert Asztalos

Mailing Address 5013 Centennial Oak Circle

City	State	Zip Code
Tallahassee	FL	32308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asztalos & Associates

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : C3262079

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Vernon Baker

Mailing Address 1624 Thornridge Way

City	State	Zip Code
Charlottesville	VA	22911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dogwood Village of Orange County

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : C3262089

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sylvia Balistreri

Mailing Address 215 N Power Rd Unit 132

City State Zip Code
Mesa AZ 85205

FEC ID number of contributing federal political committee.

C

Name of Employer

Arizona Health Care Association

Occupation

Director, Quality & Regulatory Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2016

Transaction ID : C3249875

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Barber

Mailing Address 130 E. Main Street

City State Zip Code
Spartanburg SC 29306-5113

FEC ID number of contributing federal political committee.

C

Name of Employer

White Oak Management, Inc.

Occupation

Executive VP/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2016

Transaction ID : C3262081

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Harry Baum

Mailing Address 10315 Johnson Drive

City State Zip Code
Shawnee KS 66203

FEC ID number of contributing federal political committee.

C

Name of Employer

Sharon Lane Health Services

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : C3254086

Amount of Each Receipt this Period

625.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Bedinger

Mailing Address 1127 East 16th Avenue

City State Zip Code
 Denver CO 80218-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colavria Hospitality

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : C3262072

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patricia J. Benesh

Mailing Address 916 Tyler Drive

City State Zip Code
 Williamsburg VA 23185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Golden Living

Occupation

Safety & Loss Control Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : C3262043

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Roger Bernier

Mailing Address 18 Forestdale Dr

City State Zip Code
 Whitehouse Station NJ 08889-3383

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chelsea Senior Living

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016

Transaction ID : C3250733

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Linda Black-Kurek

Mailing Address 4336 West Franklin St

City State Zip Code
 Bellbrook OH 45305

FEC ID number of contributing federal political committee.

C

Name of Employer

Liberty Health Care Corp

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 08 / 2016

Transaction ID : C3253177

Amount of Each Receipt this Period

625.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ashley Blankenship

Mailing Address 1306 S. Donaghey

City State Zip Code
 Conway AR 72934

FEC ID number of contributing federal political committee.

C

Name of Employer

Southridge Village

Occupation

VP of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : C3262071

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Greg H. Brown

Mailing Address 155 West Point Court

City State Zip Code
 Tonka Bay MN 55331

FEC ID number of contributing federal political committee.

C

Name of Employer

Tealwood Care Centers Inc.

Occupation

President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 11 / 2016

Transaction ID : C3262042

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

6625.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Calvin Callaway

Mailing Address 510 Mill Street

City State Zip Code
 Folsom CA 95630

FEC ID number of contributing federal political committee.

C

Name of Employer
 Folsom Care Center

Occupation
 Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : C3262076

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ciena Health Care Management, Inc.

Mailing Address 4000 Town Center
 Suite 700

City State Zip Code
 Southfield MI 48075

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : C3262047

Amount of Each Receipt this Period

5000.00

☐ Memo Item

See Refund on Next Report

Full Name (Last, First, Middle Initial)

C. Gail Clarkson

Mailing Address 1539 Lochridge Rd.

City State Zip Code
 Bloomfield Hills MI 48302-0736

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Nexcare

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : C3262085

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

8000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 50

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lori Cooper

Mailing Address 1891 Andrews Drive

City	State	Zip Code
Concord	CA	94521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stonebrook Healthcare Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2016

Transaction ID : C3258985

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kelli Cox

Mailing Address 6855 Road 41

City	State	Zip Code
Mancos	CO	81328-7905

FEC ID number of contributing
federal political committee.

C

Name of Employer

C&G Health Care Management

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : C3265432

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Greg Crist

Mailing Address 118 Cameron News

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHCA

Occupation

SVP, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2016

Transaction ID : C3262091

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patti K Cullen

Mailing Address 7851 Metro Parkway
Suite 200

City State Zip Code
Bloomington MN 55425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Care Providers of Minnesota

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2016

Transaction ID : C3262023

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nader Damaghi

Mailing Address 10 Shore Drive

City State Zip Code
Kings Point NY 11024

FEC ID number of contributing
federal political committee.

C

Name of Employer

First Quality Enterprises

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2016

Transaction ID : C3262027

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Jack Deutsch

Mailing Address 5 Fieldcrest St

City State Zip Code
Monsey NY 10952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cliffside Rehab & HCC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2016

Transaction ID : C3250727

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph Donchess

Mailing Address 7844 Office Park Blvd

City

Baton Rouge

State

LA

Zip Code

70809-7603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Louisiana Nursing Home Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : C3265434

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tiffany Exline

Mailing Address 18332 Collins St
Unit E

City

Tarzana

State

CA

Zip Code

91356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mueller Prost

Occupation

Director of Long Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2016

Transaction ID : C3262069

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dirken Lee Field

Mailing Address 4012 53rd Street Ct NW

City

Gig Harbor

State

WA

Zip Code

98335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Senior Services of America

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : C3265433

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. J. Wayne Franklin

Mailing Address 125 Springfield Ct

City

O Fallon

State

IL

Zip Code

62269-2495

FEC ID number of contributing
federal political committee.

C

Name of Employer

Franklin Healthcare Consultants

Occupation

CEO/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2016

Transaction ID : C3262077

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patricia Giorgio

Mailing Address 4702 Chestnut Ridge Rd NE

City

Cedar Rapids

State

IA

Zip Code

52411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Evergreen Estates

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

02 / 22 / 2016

Transaction ID : C3261935

Amount of Each Receipt this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Goblirsch

Mailing Address 24765 100th Street, NW

City

Zimmerman

State

MN

Zip Code

55398

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Colony at Eden Prairie

Occupation

VP of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 16 / 2016

Transaction ID : C3262053

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald GouxMailing Address 2045 Highway 59
PO Box 1429

City	State	Zip Code
Mandeville	LA	70448-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gulf South Medical Enterprises

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2016

Transaction ID : C3262084

Amount of Each Receipt this Period

625.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeff L. Gregston

Mailing Address 1603 Timbercreek Dr.

City	State	Zip Code
Duncan	OK	73533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gregston Nursing Home

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2016

Transaction ID : C3262041

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Don GreinerMailing Address 4350 Will Rogers Pkwy
Ste 350

City	State	Zip Code
Oklahoma City	OK	73108-1857

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grace Living Centers

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2016

Transaction ID : C3262090

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Howard Groff

Mailing Address 11337 Louisiana Cir

City

Bloomington

State

MN

Zip Code

55438-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tealwood Senior Living

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	02	/	2016

Transaction ID : C3250228

Amount of Each Receipt this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert W. HaganMailing Address 16 Norcross Street
Suite 100

City

Roswell

State

GA

Zip Code

30075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sterling Healthcare, Inc

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	10	/	2016

Transaction ID : C3254699

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Steven P Hatlestad

Mailing Address 18705 West 153rd Terrace

City

Olathe

State

KS

Zip Code

66062-3189

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americare Systems, Inc.

Occupation

VP, Operation Skilled Division

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	02	/	2016

Transaction ID : C3250729

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

6500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven D. Heaney

Mailing Address 1116 Ninth Ave

City

Toms River

State

NJ

Zip Code

08757-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brandywine Senior Living

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2016

Transaction ID : C3262092

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Herbert Heflich

Mailing Address 5 Van Pelt Ct

City

Martinsville

State

NJ

Zip Code

08836-2360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chelsea Senior Living

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 22 / 2016

Transaction ID : C3262065

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lisa Higgins

Mailing Address 604 East 38th Street

City

Farmington

State

NM

Zip Code

87401-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedar Ridge Inn, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 16 / 2016

Transaction ID : C3262050

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joyce Humiston

Mailing Address 1004 E Main Street

City State Zip Code
Cortez CO 81321-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer
C&G Health Care Management

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2016

Transaction ID : C3262086

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Holly Jarek

Mailing Address 118B Hollis St

City State Zip Code
Groton MA 01450-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seven Hills Foundation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

MM / DD / YYYY
02 / 08 / 2016

Transaction ID : C3262039

Amount of Each Receipt this Period

312.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ruth Johnson

Mailing Address 5989 Sunset Street

City State Zip Code
Juneau AK 99801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wildflower Court

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 29 / 2016

Transaction ID : C3265139

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3062.50

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kelley Kash

Mailing Address 5 Community Dr
Ste 3

City State Zip Code
Augusta ME 04330-8088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Veterans' Homes

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : C3264829

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sonya Kemp

Mailing Address 438 North Water Avenue

City State Zip Code
Gallatin TN 37066-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallatin Health Care

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2016

Transaction ID : C3251833

Amount of Each Receipt this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rosemary C. Kilby

Mailing Address 1215 Carbon Canyon Rd

City State Zip Code
Chino Hills CA 91709-2353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Landmark Medical Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2016

Transaction ID : C3262070

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mary Ellen Lantis

Mailing Address PO Box 699

City State Zip Code
 Spearfish SD 57783-0699

FEC ID number of contributing federal political committee.

C

Name of Employer

Lantis Enterprises

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 02 / 2016

Transaction ID : C3250732

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William Bruce Levering

Mailing Address 6180 Sparta Road

City State Zip Code
 Fredericktown OH 43019

FEC ID number of contributing federal political committee.

C

Name of Employer

Levering Management

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : C3262054

Amount of Each Receipt this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. R. Peter Madel Jr.

Mailing Address 108 8th St NW

City State Zip Code
 Waseca MN 56093-1912

FEC ID number of contributing federal political committee.

C

Name of Employer

Lake Shore Inn Nursing Home

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : C3262052

Amount of Each Receipt this Period

275.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2025.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christian Mason

Mailing Address 4 Monroe Parkway Suite I

City State Zip Code
 Lake Oswego OR 97035

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Senior Housing Management, LLC

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 29 2016

Transaction ID : C3265429

Amount of Each Receipt this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jill Menden

Mailing Address 6155 Cornerstone Center East
 Suite 220

City State Zip Code
 San Diego CA 92121-4737

FEC ID number of contributing
federal political committee.

C

Name of Employer
 LightBridge Hospice & Palliative Care

Occupation
 President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 29 2016

Transaction ID : C3264832

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paula Mitchell

Mailing Address 2781 Osborn Dr

City State Zip Code
 Lake Havasu City AZ 86406-8629

FEC ID number of contributing
federal political committee.

C

Name of Employer
 C&G Health Care Management

Occupation
 Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 29 2016

Transaction ID : C3264913

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sean Mockbee

Mailing Address 32807 N 15th Gln

City State Zip Code
 Phoenix AZ 85085-8086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sunshine Village

Occupation

Owner/Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016

Transaction ID : C3251028

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ashlee Monarco

Mailing Address 211 E 3rd Ave

City State Zip Code
 Mancos CO 81328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Inn

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : C3262057

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Morton

Mailing Address 415 Rogers Avenue

City State Zip Code
 Fort Smith AR 72901-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Arkansas Nursing Centers

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 01 / 2016

Transaction ID : C3250050

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dennis Murray

Mailing Address 1049 W. 5th Ave

City

Anchorage

State

AK

Zip Code

99501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heritage Place

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2016

Transaction ID : C3250730

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Russell V Peterson

Mailing Address 5281 Ventura Dr

City

Fremont

State

NE

Zip Code

68025-9779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nye Senior Living

Occupation

Regional Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2016

Transaction ID : C3262055

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Shelly Peterson

Mailing Address 1900 N. 11th Street

City

Bismarck

State

ND

Zip Code

58501

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Dakota LTC Association

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2016

Transaction ID : C3262035

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 24 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Clifton Porter

Mailing Address 3929 Azalea Court

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Health Care Association

Occupation
 SVP Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 22 2016

Transaction ID : C3262062

Amount of Each Receipt this Period

208.33

☐ Memo Item

* Payroll Deduction: (\$208.33 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Teddy Rae Price

Mailing Address PO Box 1438

City State Zip Code
 Winnfield LA 71483-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Central Management Company, LLC

Occupation
 Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 24 2016

Transaction ID : C3264828

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jayne Prince

Mailing Address 806 S Street

City State Zip Code
 Neligh NE 68756

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Willows Assisted Living

Occupation
 Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 22 2016

Transaction ID : C3262021

Amount of Each Receipt this Period

600.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3308.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mindy Provence

Mailing Address 5420 Plano Parkway

City State Zip Code
Plano TX 75093

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Gables Health Care Center

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 02 / 2016

Transaction ID : C3250734

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mebane Pruitt

Mailing Address 1626 Jeurgens Ct

City State Zip Code
Norcross GA 30093

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2016

Transaction ID : C3263475

Amount of Each Receipt this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Neil L. Pruitt Jr.

Mailing Address 1626 Jeurgens Ct

City State Zip Code
Norcross GA 30093

FEC ID number of contributing
federal political committee.

C

Name of Employer
PruittHealth

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2016

Transaction ID : C3263474

Amount of Each Receipt this Period

1250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

3500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sally Rapp

Mailing Address 3308 Ocean Blvd.

City State Zip Code
 Corona del Mar CA 92625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sr Administrative Services Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
 02 / 22 / 2016

Transaction ID : C3262097

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark E. Reagan

Mailing Address 1330 Butterfield Road

City State Zip Code
 San Anselmo CA 94960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hooper, Lundy & Bookman

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
 02 / 02 / 2016

Transaction ID : C3262024

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cassandra Rocke

Mailing Address 15230 Kingston Ct.
 Foxridge Estates

City State Zip Code
 Brightonn CO 80602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis Healthcare

Occupation

Director of Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 02 / 16 / 2016

Transaction ID : C3262049

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Rosenthal

Mailing Address 6400 SW 44th St

City State Zip Code
Miami FL 33155-5145

FEC ID number of contributing
federal political committee.

C

Name of Employer
21st Century Health Group, Inc.

Occupation
Long Term Care Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2016

Transaction ID : C3262095

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joseph William Sadler

Mailing Address 2000 N Causeway Approach

City State Zip Code
Mandeville LA 70471-3043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magnolia Ancillary Services

Occupation
Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2016

Transaction ID : C3250051

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Daniel Salmon

Mailing Address 85 Beaumont Dr

City State Zip Code
Northbridge MA 01534-1093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Nursing Home

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2016

Transaction ID : C3262038

Amount of Each Receipt this Period

550.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Philip Scalo

Mailing Address 100 N. County Line Road

City State Zip Code
 Jackson NJ 08527-1264

FEC ID number of contributing federal political committee.

C

Name of Employer

Bartley Healthcare

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : C3262020

Amount of Each Receipt this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Steven Schrunk

Mailing Address 940 Billings Trail

City State Zip Code
 Port Orange FL 32127

FEC ID number of contributing federal political committee.

C

Name of Employer

Country Side Lakes, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 05 / 2016

Transaction ID : C3252161

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Scott Sibigroth

Mailing Address 1 Medline PI

City State Zip Code
 Mundelein IL 60060

FEC ID number of contributing federal political committee.

C

Name of Employer

Medline Industries

Occupation

President, National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016

Transaction ID : C3250656

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew D. Smyth

Mailing Address 2405 I St NW

City

Washington

State

DC

Zip Code

20037-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director of Grassroots

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

Transaction ID : C3262051

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher Stenger

Mailing Address 9914 Kershope Forest Ct.

City

Spring

State

TX

Zip Code

77379-2982

FEC ID number of contributing
federal political committee.

C

Name of Employer

SavaSeniorCare Administrative Services

Occupation

VP, Reimbursement

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2016

Transaction ID : C3262078

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Martin Stott

Mailing Address 15035 Memorial Tower Dr

City

Baton Rouge

State

LA

Zip Code

70810-8398

FEC ID number of contributing
federal political committee.

C

Name of Employer

Diversified Health Care

Occupation

Owner/Operator

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : C3262046

Amount of Each Receipt this Period

1250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stacy Suchla

Mailing Address 1236 Red Cedar Court

City State Zip Code
 Onalaska WI 54650

FEC ID number of contributing federal political committee.

C

Name of Employer

Grand View Care Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : C3265451

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Phylene Sunga

Mailing Address 4001 Lone Tree Way

City State Zip Code
 Antioch CA 94509-6232

FEC ID number of contributing federal political committee.

C

Name of Employer

Lone Tree

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : C3264468

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matityahu Tenenbaum

Mailing Address 1524 53rd Street

City State Zip Code
 Brooklyn NY 11219

FEC ID number of contributing federal political committee.

C

Name of Employer

Kings Harbor Multicare Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016

Transaction ID : C3250655

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

6500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Toby Tilford

Mailing Address 100 E San Marcos Blvd
Ste 200

City State Zip Code
San Marcos CA 92069-2987

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plum Healthcare

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2016

Transaction ID : C3254700

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark R. Todd

Mailing Address 2001 South Lee Street

City State Zip Code
Americus GA 31709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Magnolia Manor, Inc.

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : C3262033

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Glenn Van Ekeren

Mailing Address 21134 Arbor Court

City State Zip Code
Elkhorn NE 68022-2063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vetter Health Services

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2016

Transaction ID : C3251365

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 50

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter Van Runkle

Mailing Address 55 Green Meadows Drive S.

City	State	Zip Code
Lewis Center	OH	43035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Health Care Association

Occupation

Associate Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	22	/	2016

Transaction ID : C3262068

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matthew Van ZelstMailing Address 2718 N. Wayne Ave.
#1

City	State	Zip Code
Chicago	IL	60614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries

Occupation

VP, National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	22	/	2016

Transaction ID : C3262080

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John A. Vinson

Mailing Address 5401 River Creek Ct.

City	State	Zip Code
Harrods Creek	KY	40027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Systems of Kentucky

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	09	/	2016

Transaction ID : C3262040

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven J. Wannemacher

Mailing Address 23 Monarch Dr.

City

Bloomington

State

IL

Zip Code

61702-3188

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heritage Enterprises

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2016

Transaction ID : C3262056

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin Warren

Mailing Address 7308 Rolling Stone Circle

City

Austin

State

TX

Zip Code

78739

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Health Care Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : C3264401

Amount of Each Receipt this Period

625.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James R. Westbury Sr.

Mailing Address 922 McDonough Rd.

City

Jackson

State

GA

Zip Code

30233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westbury Medical Care Home Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2016

Transaction ID : C3262087

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew Yarwood

Mailing Address 718 Bartlett Ave

City

Hayward

State

CA

Zip Code

94541

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Francis Extended Care

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2016

Transaction ID : C3262093

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rolf Goffman Martin Lang LLP

Mailing Address 30100 Chagrin Blvd.
Suite 350

City

Cleveland

State

OH

Zip Code

44124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 02 / 2016

Transaction ID : C3262025

Amount of Each Receipt this Period

250.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

C. Carol Rolf

Mailing Address 30100 Chagrin Boulevard

City

Cleveland

State

OH

Zip Code

44124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rolf & Goffman Co., LPA

Occupation

President & Partner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 02 / 2016

Transaction ID : C3262026

Amount of Each Receipt this Period

250.00

☒ Memo Item

*

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Five Seas, LLC

Mailing Address 3220 W Feather Sound Ct

City State Zip Code
 Anthem AZ 85086-1006

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 22 2016

Transaction ID : C3262059

Amount of Each Receipt this Period

1500.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

B. Cathy Williams

Mailing Address 3220 West Feather Sound Drive

City State Zip Code
 Winslow AZ 86047-2321

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Winslow Campus of Care

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 22 2016

Transaction ID : C3262060

Amount of Each Receipt this Period

1500.00

☒ Memo Item

*

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

116620.83

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DIRECT SUPPLY INC. PARTNERS PAC (DSI PARTNERS PAC)

Mailing Address 6767 North Industrial Road

City State Zip Code
 Milwaukee WI 53223

FEC ID number of contributing
federal political committee.

C C00409516

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / **01** / **2016**

Transaction ID : C3250053

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Iowa Health PAC

Mailing Address 1775 90th St

City State Zip Code
 West Des Moines IA 50266-1563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 22 2016

Transaction ID : C3262061

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Unsolicited Contribution/ Comprised of Permissible
Funds

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

1000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

PAGE 38 OF 50

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2016

Transaction ID : D171594

Amount of Each Disbursement this Period

144.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 08 / 2016

Transaction ID : D171595

Amount of Each Disbursement this Period

16.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2016

Transaction ID : D171596

Amount of Each Disbursement this Period

3.20

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

163.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

PAGE 39 OF 50

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2016
Transaction ID : D171597

Amount of Each Disbursement this Period

320.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2016
Transaction ID : D171592

Amount of Each Disbursement this Period

142.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BB&TMailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 22 / 2016
Transaction ID : D171593

Amount of Each Disbursement this Period

172.21

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

635.11

798.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)

Date of Disbursement

Mailing Address P.O. Box 75357

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2016

City	State	Zip Code
Washington	DC	20013

Transaction ID : D171406Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. Darren Soto for Congress

Date of Disbursement

Mailing Address 338 N. Magnolia Ave.
Suite D

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2016

City	State	Zip Code
Orlando	FL	32801

Transaction ID : D170789Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item

State: FL District: 09

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Date of Disbursement

Mailing Address 430 S Capitol St SE

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

City	State	Zip Code
Washington	DC	20003-4024

Transaction ID : D171122Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

15000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

22000.00

TOTAL This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. LONE STAR LEADERSHIP PACMailing Address 7315 Wisconsin Avenue
Suite 310 East

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2016

Transaction ID : D171398

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 2nd St NE

City Washington State DC Zip Code 20002-4914

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2016

Transaction ID : D171408

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NEW PAC

Mailing Address P.O. BOX 7480

City VISALIA State CA Zip Code 93290

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : D171121

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. CRENSHAW FOR CONGRESS CAMPAIGN

Mailing Address 7235 BONNEVAL RD

City	State	Zip Code
JACKSONVILLE	FL	32256

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ander CrenshawOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2016

Transaction ID : D170788

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR BEN

Mailing Address PO BOX 31129

City	State	Zip Code
SANTA FE	NM	87594

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ben Ray LujanOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2016

Transaction ID : D171399

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COLLINS FOR CONGRESS

Mailing Address PO BOX 386

City	State	Zip Code
CLARENCE	NY	14031

Purpose of Disbursement
Contribution

Candidate Name

Rep. Chris CollinsOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2016

Transaction ID : D170725

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BUDDY CARTER FOR CONGRESS

Mailing Address 200 E ST JULIAN ST SUITE 603

City	State	Zip Code
SAVANNAH	GA	31401

Purpose of Disbursement
Contribution

Candidate Name

Rep. Earl L. CarterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2016

Transaction ID : D170783

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BUDDY CARTER FOR CONGRESS

Mailing Address 200 E ST JULIAN ST SUITE 603

City	State	Zip Code
SAVANNAH	GA	31401

Purpose of Disbursement
Contribution

Candidate Name

Rep. Earl L. CarterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2016

Transaction ID : D171118

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLEAVER FOR CONGRESS

Mailing Address 4801 MAIN STREET, SUITE 1000

City	State	Zip Code
KANSAS CITY	MO	64112

Purpose of Disbursement
Contribution

Candidate Name

Rep. Emanuel Cleaver IIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : D171407

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369

City	State	Zip Code
Eden Prairie	MN	55344

Purpose of Disbursement
Contribution

Candidate Name

Rep. Erik PaulsenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : D171125

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF GLENN THOMPSON

Mailing Address 133 Water Tower Lane

City	State	Zip Code
Spring Mills	PA	16875

Purpose of Disbursement
Contribution

Candidate Name

Rep. Glenn ThompsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2016

Transaction ID : D171403

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City	State	Zip Code
COLUMBIA	SC	29211

Purpose of Disbursement
Contribution

Candidate Name

Rep. James E. ClyburnOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2016

Transaction ID : D170726

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. JIM HIMES FOR CONGRESS

Mailing Address 857 Post Road, #312

City Fairfield	State CT	Zip Code 06824
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jim HimesOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State: CT District: 04

Convention

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2016

Transaction ID : D171404

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CASTRO FOR CONGRESS

Mailing Address PO BOX 544

City SAN ANTONIO	State TX	Zip Code 78292
---------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joaquin CastroOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2016

Transaction ID : D171401

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City COLLINSVILLE	State IL	Zip Code 62234
----------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. John ShimkusOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2016

Transaction ID : D170782

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. VARGAS FOR CONGRESS

Mailing Address 330 ENCINITAS BLVD.

City	State	Zip Code
ENCINITAS	CA	92024

Purpose of Disbursement
Contribution

Candidate Name

Rep. JUAN VARGASOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2016

Transaction ID : D171402

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KRISTI FOR CONGRESS

Mailing Address PO BOX 852

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kristi NoemOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2016

Transaction ID : D171400

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TIM WALZ FOR US CONGRESS

Mailing Address PO BOX 938

City	State	Zip Code
MANKATO	MN	56002

Purpose of Disbursement
Contribution

Candidate Name

Rep. TIMOTHY J. WALZOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : D171120

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. TOM RICE FOR CONGRESS

Mailing Address PO Box 70098

City	State	Zip Code
Myrtle Beach	SC	29572

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tom RiceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2016

Transaction ID : D170785

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TONY CARDENAS FOR CONGRESS

Mailing Address 249 E. OCEAN BLVD. SUITE 685

City	State	Zip Code
LONG BEACH	CA	90802

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tony CardenasOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : D171123

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TONY CARDENAS FOR CONGRESS

Mailing Address 249 E. OCEAN BLVD. SUITE 685

City	State	Zip Code
LONG BEACH	CA	90802

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tony CardenasOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2016

Transaction ID : D171405

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. SEARCHLIGHT LEADERSHIP FUNDMailing Address 422 C Street NE
Lower level

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : D171126

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BOOZMAN FOR ARKANSAS

Mailing Address PO BOX 671

City ROGERS State AR Zip Code 72757

Purpose of Disbursement
Contribution

Candidate Name

Sen. John BoozmanOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2016

Transaction ID : D170787

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PORTMAN FOR SENATE COMMITTEE

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement
Contribution

Candidate Name

Sen. Rob PortmanOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2016

Transaction ID : D171397

Amount of Each Disbursement this Period

4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Team Ryan

Mailing Address 320 1st Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2016

Transaction ID : D170784

Amount of Each Disbursement this Period

15000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

15000.00

104000.00
